

REQUEST FOR APPLICATIONS

Minority Health Mini-Grants

July 24, 2006

Issued by:

STATE OF WISCONSIN
DEPARTMENT OF HEALTH & FAMILY SERVICES
DIVISION OF PUBLIC HEALTH
MINORITY HEALTH PROGRAM

**Written applications must be submitted
no later than 4:00 PM Central Time
Friday, August 25, 2006**

Mail or deliver applications to:

Jacqueline Moss
Program Assistant
Division of Public Health
1 West Wilson Street, Room 372
Madison, WI 53703
Phone: (608) 261-9302

For questions, contact:

Evelyn Cruz
Minority Health Policy Analyst
608/266-3716
cruze@dhfs.state.wi.us

**Late, emailed or faxed proposals will be rejected.
The State of Wisconsin reserves the right to reject any and all proposals.**

Background

This Request for Applications (RFA) invites proposals from individuals and organizations to conduct activities related to improving the health status of economically disadvantaged minority group members in Wisconsin. The Department of Health and Family Services (DHFS) appropriated \$100,000 for the 2006-2007 state fiscal year for matching grants to conduct said activities. The grants are intended to build the capacity of local communities to provide culturally and linguistically appropriate resources and services for targeted minority populations and eliminate racial and ethnic disparities in health.

Criteria and Interested Projects

All projects funded under these grants must:

- Target one or more racial and ethnic minority groups (African American, American Indian, Hispanic/Latino, Southeast Asian);
- Be specifically tailored to the cultural, linguistic, and social norms of the target communities;
- Demonstrate promising or evidence-based practices to eliminate racial/ethnic health disparities; and
- Address one of the following areas in response to priorities articulated at the Minority Health Call-to-Action Forum on April 11, 2003:

Priority Area 1: Community-based strategies to reduce infant mortality and low birthweight births.

Priority Area 2: Community-driven, neighborhood-based primary prevention and health promotion models and services.

Priority Area 3: Mentoring, development, and support of minority health professionals and minority students interested in health careers.

Priority Area 4: Programs to reduce overweight and obesity among racial and ethnic minority groups.

Funding

Eligible grants in amounts not to exceed \$10,000 per grant will be awarded for the period October 1, 2006 to June 30, 2007 to support (a) implementation of short-term minority health-related projects that end by June 30, 2007; or (b) planning activities for longer-term projects that expect to be continued into another year from July 1, 2007, to June 30, 2008.

Monies may be used for a variety of purposes including community mobilization and capacity development activities; health promotion and education activities and materials; workshops and conferences; interpretation and translation services; personnel; and capital equipment (e.g., medical equipment and supplies) if used primarily for health-related programs and services targeting racial and ethnic minorities.

All applicants are required to explicitly demonstrate the ability to provide local match in an amount at least equal to 50% of the requested grant funds. The match can be in the form of funding, personnel, or in-kind services. For example, an applicant who requests \$5,000 must demonstrate and document the ability to provide funds or in-kind services that total at least \$2,500 or one-half of the grant award. The match requirement also applies to continuation awards.

Period of Support

October 1, 2006 to June 30, 2007.

Eligible Applicants

Applications are targeted to racial/ethnic minority community-based organizations and tribes in Wisconsin. An applicant that is not a federally qualified health center shall receive priority for grant awards.

Award Criteria

Awards will be granted competitively based on the Review Criteria and Scoring stated in this RFA. An evaluation committee will score and tabulate the applications and rank applications in each category according to the numerical score received. Recommendations for funding are based on the numeric rating of individual proposals in each category **and** assurance that the selected combination of proposals addresses priority needs across minority populations and subgroups. The Division Administrator will make a final decision if a contract will be awarded. The Division reserves the right to reject any or all proposals and to negotiate the award amount, the evaluation process, authorized budget items, and specific programmatic goals with the selected applicants prior to entering into a grant agreement. Anyone receiving a contract must comply with DHFS affirmative action and civil rights compliance requirements (see <http://dhfs.wisconsin.gov/civilrights/CRC/crcplan&resources> for details).

Application Guidelines

Proposals must be typed, using at least 10point font, double-spaced on 8 ½ by 11 inch paper with at least one-inch margins. **Proposals should not exceed 5 pages**, excluding the cover page and budget/budget narrative pages. Number all pages and organize application according to the following application guideline. **Submit 5 identical copies** of your application, each one stapled in the upper left-hand corner.

Application Deadline

Mini-grant applications are due on Friday, August 25, 2006 at 4 p.m. to Jacqueline Moss, Program Assistant/Division of Public Health/1 West Wilson Street, Room 372/Madison, WI 53703, phone: (608) 261-9302. The RFA can be downloaded from the DHFS website at <http://dhfs.wisconsin.gov/rfp/index.htm>. Click on “Minority Health Mini-Grants.”

Application Checklist

- ☐ Cover page
- ☐ Narrative (**no more than 5 pages, doubled-spaced**) with the following sections:
 - ☐ Organizational Profile
 - ☐ Statement of Needs or Assets
 - ☐ Program Goal(s) and Objective(s)
 - ☐ Methods
 - ☐ Evaluation
- ☐ Budget form and budget narrative
- ☐ Signed Assurances of Compliance form
- ☐ Five (5) stapled copies of proposal are submitted
- ☐ A completed W-9 form

Mini-Grant Application Format

A. Cover Page

- Complete the cover page and make it the first page of the submitted proposal.
- Include a brief description of the project in the cover page block.

B. Individual or Organizational Profile

- Identify the applicant and include a statement about the applicant organization's history, mission, and qualifications as related to the project.

C. Statement of Needs or Assets

- Identify the priority health area and the population-specific health needs or assets that the project will address.
- Identify the target racial/ethnic population(s) and subgroups for which the project is designed.
- Explain why the project is needed and how the project relates to elimination of health disparities.

D. Program Goals and Objectives

- List your overall project goal and at least one measurable outcome objective that will be satisfied by your project within the 3-month performance period.

Examples--

Goal: To enhance the health and well-being of Anytown Neighborhood infants and their families.

Objective: Implement a community-driven, neighborhood-based program to enhance positive social support and resilience among pregnant women and families residing in Anytown Neighborhood zip codes.

E. Methods

- State specifically how grant funds will be used to achieve the stated goals and objectives.
- Describe the promising or evidence-based strategies your project will use to address the problems and unmet needs you have identified.
- Provide an overview of the kinds of activities proposed and dates that activities will be conducted.

F. Evaluation

- Describe how you will determine that project objectives have been satisfied.

H. Budget

Budget Form

Complete the attached 9-month budget form. The budget form serves as a one-page summary of anticipated expenditures. The budget should be based on the best available estimates of personnel and supporting resources needed to perform the services described in the proposal. All figures should be rounded to the nearest dollar. Calculate the total for each category and the *Grand Total-All Costs Categories*. Double-check all figures and calculations.

Budget Narrative

Complete a budget narrative to explain how figures were determined when this is not clear from the budget form alone. Sources of match should also be identified in the budget narrative. Descriptions of the budget categories are as follows:

Category I—Personnel

List, by title, each position that will be supported in whole or in part with grant funds or local match. In the *Grant Amount* column, indicate the total salary that will be paid with grant funds during the grant period. If fringe benefits are to be paid, indicate the percentage/rate and add the total fringe benefit amount for all positions to be paid with grant funds. Minority health mini-grant funds cannot be used to support staff hours that will be concurrently obligated to other sources of funding, including federal or state grants and private or local foundations. Agency records are subject to audit.

NOTE: If you plan to subcontract out part or all of your project, you must provide the above information for your agency and/or the subcontractor(s). Be very clear in describing and distinguishing between your agency's staff and/or the staff of the subcontractor(s).

Category II—Consultant and Contractual

The organization may choose to subcontract to provide some required program components. The Department reserves the right to approve all subcontracts as a condition of the award.

Identify consultants and/or other subcontractors who will provide services that will be paid with grant or local match funds. All expenditures to be made to consultants and/or subcontractors must be fully explained in the budget narrative.

Category III—Program Supplies

Examples of costs to be included in this category include medical, dental, laboratory, and education/outreach supplies. Estimate the cost for each type of expenditure and itemize it in the space provided.

Category IV—Agency/Organization Operations

Include costs such as rent; telephone; utilities; staff development, recruitment and travel; office supplies; postage; printing; and data processing.

Category V—Indirect Costs

For community-based agencies, indirect charges may not exceed 10 percent of salaries/wages (excluding fringe benefits) charged to the grant. Tribal organizations must adhere to the DHFS Tribal Indirect Cost Policy. An indirect cost rate plan may be requested, reviewed, and subject to approval by the Grantor.

Local Match

Local organizations are required to provide local match in an amount at least equal to 50 percent of the requested grant funds. Local match is the value of local agency efforts in furthering the objectives of the proposed project. An organization may count as a match any local expense which meets the qualifications outlined above and which contributes to the project. Examples of in-kind match include staff time, travel costs, private donations, and other contributions.

I. Letters of Support (Optional but Preferred)

- Attach 2 letters of support for your specific project.

Review Criteria and Scoring

Organization Profile

(10 points)

- ☐ Proposer's organization purpose and goals relate to the project proposal.
- ☐ Proposer described experiences and accomplishments with the target populations or subgroups.
- ☐ Proposer appeared well-positioned to implement the proposal request.

Statement of Needs or Assets

(15 points)

- ☐ Proposer identified a grant program priority.
- ☐ Proposer identified the target racial/ethnic population(s) and subgroups for which the project is designed and the population-specific health needs or assets that the project will address.
- ☐ Proposer explained how the project relates to elimination of health disparities in the target population.

Proposal Goals and Objectives

(10 points)

- ☐ Proposer clearly identified the overall purpose or goal of the project.
- ☐ Proposer developed at least one realistic, measurable outcome objective for the proposed project.

Methods and Strategies

(30 points)

- ☐ Proposer clearly stated how grant funds will be used to achieve the stated goals and objectives.
- ☐ Proposer described activities proposed to accomplish the stated objectives and includes projected dates of performance.
- ☐ Project demonstrated promising or evidence-based practices to eliminate racial/ethnic health disparities.
- ☐ Project uses strategies tailored to the specific cultural, linguistic, and social norms of the target communities.

Budget

(10 points)

- ☐ Proposer completed the budget form with correct calculations and met the match requirement.
- ☐ Proposer adequately described budget line items in the budget narrative.
- ☐ The staff, equipment, and resources appear to be reasonable with respect to the quantity and type of services to be delivered.

Evaluation

(15 points)

- ☐ Proposer adequately described the methods and criteria used to evaluate success of the project and justification for continued funding.

Overall Project Assessment

(10 points)

- ☐ Project demonstrated a strong commitment and promising interventions to eliminate disparities in health among disadvantaged racial and ethnic minority group members.
- ☐ Project did not duplicate existing community resources and services or strongly justified the need for the applicant organization to provide similar services.

COVER PAGE**MINORITY HEALTH MINI-GRANTS (10/1/06-6/30/07)**

LEGAL NAME OF APPLICANT: _____

TITLE OF PROPOSAL: _____

CONTACT PERSON: _____

ADDRESS: _____

TELEPHONE: (____) _____ FAX: (____) _____

E-MAIL: _____

TAX IDENTIFICATION NUMBER: _____

DOLLAR AMOUNT REQUESTED FOR YEAR 01: \$ _____ MATCH: \$ _____

PROPOSAL PRIORITY AREA (Check one):

- _____ 1. Community-based strategies to reduce infant mortality and low birthweight births.
 _____ 2. Community-driven, neighborhood-based primary prevention and health promotion.
 _____ 3. Development and support of minority health professionals and students interested in health careers.
 _____ 4. Overweight and obesity among racial and ethnic minority groups.

PROJECT DESCRIPTION: (*Concisely describe purpose of request, target population, and services to be provided.*)

SIGNATURE OF AUTHORIZED PROPOSER REPRESENTATIVE:

_____ DATE: _____

MINORITY HEALTH MINI-GRANTS
9-MONTH BUDGET FORM
 October 1, 2006 – June 30, 2007

AGENCY NAME: _____ PROJECT: _____

I. PERSONNEL (By Position Title)	ANNUAL SALARY RATE	NUMBER MONTHS BUDGETED	% TIME	GRANT AMOUNT	PROGRAM INCOME/MATCH	TOTAL GRANT and PROGRAM INCOME/MATCH
FRINGE BENEFITS (_____%)						
TOTAL CATEGORY I						

II. CONSULTANT & CONTRACTUAL	GRANT AMOUNT	PROGRAM INCOME/MATCH	TOTAL GRANT and PROGRAM INCOME/MATCH
TOTAL CATEGORY II			

III. PROGRAM SUPPLIES	GRANT AMOUNT	PROGRAM INCOME/MATCH	TOTAL GRANT and PROGRAM INCOME/MATCH
TOTAL CATEGORY III			

IV. AGENCY OPERATIONS	GRANT AMOUNT	PROGRAM INCOME/MATCH	TOTAL GRANT and PROGRAM INCOME/MATCH
TOTAL CATEGORY IV			

V. INDIRECT COSTS			

TOTAL ALL COSTS CATEGORIES (I-V)			

**ASSURANCES OF COMPLIANCE WITH
DEPARTMENT OF HEALTH AND FAMILY SERVICES REGULATIONS**

(Completion of this form is consistent with the intent of Title VI, Civil Right Act & 45 CFR Part 80)

_____ (Name of Applicant) (hereinafter called the "Applicant")
HEREBY AGREES THAT it will comply with the following assurances:

The undersigned possesses legal authority and capacity to enter into this contract and a motion has been duly passed as an official act of the governing body of the application authorizing the execution of this agreement, including all understandings and all assurances contained therein, and authorizing the person identified as the official representative for the Applicant to act in connection with the Applicant and to provide such additional information as may be required.

The Applicant agrees that (a) funds granted as a result of this request are to be expended for the purposes set forth in this application and in accordance with all applicable laws, regulations, policies, and procedures of the State of Wisconsin or the Federal Funding Agency, as applicable; (b) no expenditures will be eligible for inclusion if occurring prior to the effective date of the grant; and (c) funds awarded by the Wisconsin Department of Health and Family Services may be terminated at any time for violation of any terms and requirements of this agreement.

The Applicant ensures compliance with the Title VI of the Civil Rights Act of 1964 (P.L. 88-342), and all requirements imposed by or pursuant to the regulations of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title. To that end, and in accordance with Title VI of that act and the regulations, no person in the United States shall, on the grounds of race, color, or national origin, be excluded from participating in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity in which the designated agency received federal assistance or financial assistance from the Department; and **HEREBY GIVES ASSURANCE THAT** it will immediately take any measures necessary to effectuate this agreement.

The Applicant ensures compliance with Title IX of the Education Amendment of 1972 which states that no person in the United States shall, on the basis of sex, be excluded from participating in, be denied the benefit of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives or benefits from Federal financial assistance.

The Applicant shall comply with Section 504, Rehabilitation Act of 1973 which prohibits discrimination on the basis of a physical condition or handicap and the Age Discrimination Act of 1975, which prohibits discrimination because of age.

The Applicant shall ensure the establishment of safeguards to prevent employees, consultants, or members of governing bodies from using their position for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business, or other ties as specified in Wisconsin Statutes 946.10 and 946.13.

Date _____, 20____ Applicant _____

Director, Chairman of Board or Comparable Authorized Official